



## The Rotary Foundation Blane Community Immunization Grants Application

The Rotary Foundation's Blane Community Immunization Project is a grant activity made possible by a major gift from Jack Blane, past governor of RI District 6440 (Illinois).

### What are Blane Community Immunization Grants?

Blane Community Immunization Grants provide up to \$1,000 in matching funds for a project designed to improve immunization in its community.

### Who can apply?

Rotary clubs and districts can apply. Grants are limited to one per club and one per district for district-sponsored applications. Clubs and districts that have already received a grant are not eligible to receive a second award. Rotary clubs and districts are encouraged to work with other clubs and districts in their community that have not received a Blane Grant to sponsor another project.

### What are the requirements?

- Rotary clubs must initiate or work as part of a diverse coalition in their community to educate and assist under-served and under-immunized people of all ages. This includes people across the "life-span" (new-borns, infants, adolescents, and adults) with special emphasis on the needs of immigrant populations. Clubs should determine community immunization needs by surveying community groups and public and private providers, and must form or join a community coalition to work together to broaden immunization coverage. (Tips on how to form and work with coalitions can be found in the *Guide to The Rotary Foundation Blane Community Immunization Grants* [124-EN].)
- Projects may include but are not limited to the following: funding for multilingual brochures, posters, mailings, and ad campaigns to raise awareness of immunization needs; costs for transportation, mobile clinics, or other logistics; and incentives to encourage parents to bring their children to immunization activities.
- Only U.S. Rotary clubs and districts are eligible to receive Blane Community Immunization Grants.
- The Rotary Foundation will only match funds (not the value of donated goods) from U.S. Rotary clubs and districts up to \$1,000. The contribution from the participating club or district must be at least equal to the amount being requested from the Foundation. Districts may allocate *SHARE* District Designated Funds as the sponsor's contribution. Projects can also be supplemented by funds from non-Rotary sources; however, the Foundation cannot match such funds.
- The project must have significant Rotarian involvement and visible Rotary identification.
- A Rotarian must serve as a designated project contact to oversee and manage grant funds.
- The grant cannot directly benefit a Rotarian, an employee of a club, district, or other Rotary entity, or of Rotary International, or a spouse, lineal descendant (child or grandchild by blood or legally adopted child), a spouse of a lineal descendant, or an ancestor (parent or grandparent by blood) of any living Rotarian or Rotary employee.
- Projects already underway or completed are not eligible for Blane Grants. **However, new projects of existing coalitions are eligible for funding.**
- **All projects must be consistent with federal and local immunization laws and practices.**
- There is no deadline for submission of Blane Community Immunization Grants applications. They are considered on a rolling basis throughout the year.
- A sponsor's contributions to an approved Blane Community Immunization Grant may be eligible for Paul Harris Fellow Recognition credit if funds are sent through The Rotary Foundation. Sponsor contributions must not be sent to the Foundation until a grant is approved.



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Rotarians may use this form and attach additional pages as needed or may answer the questions below on blank paper on the condition that the answers follow the same order as the application. **Incomplete applications will be returned with a brief explanation.** See the *Guide to The Rotary Foundation Blane Community Immunization Grants* (124-EN) for instructions and eligibility and program requirements.

## 1. PROJECT DESCRIPTION AND LOCATION

Project location: \_\_\_\_\_

Please describe:

1. The project's objectives
2. The proposed activities
3. How the project will benefit the community

Projected start date \_\_\_\_\_ Estimated completion date \_\_\_\_\_

## 2. HEALTH DEPARTMENT APPROVAL

Has this project been approved by the local health department?  Yes  No

If no, please explain why not and when it will be approved.

## 3. COMMUNITY COALITIONS

Club must form or join a community coalition to receive grant funds.

1. Provide name(s) and address(es) of participating coalition(s) or cooperating organization(s).
2. Describe how your Rotary club will participate in the coalition (i.e., What are the activities of the coalition members and Rotary club members? Will there be a coordinating committee?).

#### 4. PROJECT CONTACTS

Two Rotarians must be listed who will provide oversight and management of the grant funds.

List the club or district that assumes responsibility for the project.

ROTARY CLUB	CLUB ID NUMBER (IF KNOWN)	DISTRICT
<b>Project Committee:</b> A committee of at least two Rotarians must be established to oversee the project for its duration, even if the project continues into another Rotary year.		
<b>Primary Contact</b> (must be member of above club/district)	<b>Additional Contact</b> (must be a member of the above club/district)	
Name _____ <span style="display: block; text-align: right; font-size: small;">CLUB ID NUMBER (IF KNOWN)</span>	Name _____ <span style="display: block; text-align: right; font-size: small;">CLUB ID NUMBER (IF KNOWN)</span>	
Rotary Club _____ <span style="display: block; text-align: right; font-size: small;">DISTRICT</span>	Rotary Club _____ <span style="display: block; text-align: right; font-size: small;">DISTRICT</span>	
Position/title _____	Position/title _____	
E-mail _____	E-mail _____	
Address _____ <span style="display: block; text-align: right; font-size: small;">STREET ADDRESS</span>	Address _____ <span style="display: block; text-align: right; font-size: small;">STREET ADDRESS</span>	
_____ <span style="font-size: small;">CITY/STATE/POSTAL CODE</span>	_____ <span style="font-size: small;">CITY/STATE/POSTAL CODE</span>	
_____ <span style="font-size: small;">COUNTRY</span>	_____ <span style="font-size: small;">COUNTRY</span>	
Telephone _____ <span style="display: block; text-align: right; font-size: small;">HOME</span>	Telephone _____ <span style="display: block; text-align: right; font-size: small;">HOME</span>	
_____ <span style="font-size: small;">OFFICE</span>	_____ <span style="font-size: small;">OFFICE</span>	
Fax _____	Fax _____	

Description of Rotarian involvement (nonfinancial involvement). Please describe how Rotarians will be actively involved in the project.

#### 5. PROJECT IDENTIFICATION

How will the general public know that Rotary is a sponsor of this project? Provide details (e.g., publicity in a newspaper or display of Rotary wheel in a clinic).

**6. PROJECT BUDGET**

Include a complete itemized budget for the entire project, including all project costs.

Item to be purchased	Name of supplier	Cost
<b>Total</b>		

**7. PROPOSED FINANCING**

If *SHARE* District Designated Funds (DDF) are part of the funding for this grant, either attach a letter from the district Rotary Foundation committee (DRFC) chair authorizing the use of those funds and specifying the amount, or have the DRFC chair authorize the use of the *SHARE* funds by signing below. **Only the chair, on behalf of the DRFC, can authorize the use of *SHARE* (DDF) amounts.**

*Contributions from the participating club must be at least equal to the amount being requested from The Rotary Foundation.*

Rotary Club/District	Amount Contributing	Cash	or	DDF	DRFC Authorization
_____	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
<b>SUBTOTAL</b>		_____			
<b>Amount requested from TRF</b>		_____			
<b>Additional funding from other sources</b>		_____			
<b>TOTAL</b>		_____ <i>(Must be equal to budget cost.)</i>			

## 8. PAYEE INFORMATION

Clubs and districts should set up a special project account to receive grant funds. The grant must be paid into an account under direct Rotarian control. Payment will not be made to an individual.

**Proposed Project Payee** — Payment will be made by check. Please provide the following information:

Account name: \_\_\_\_\_

Address to send check: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 9. AGREEMENT FORM

The Blane Community Immunization Grant Agreement (collectively “Agreement”) is entered into by and between the clubs and/or districts as identified below and The Rotary Foundation of Rotary International (“TRF”). In consideration of receiving this Blane Community Immunization Grant from TRF, the clubs and/or district agree:

1. That they have received and read the Terms and Conditions of Blane Community Immunization Grant Award and Acceptance (“Terms and Conditions”) and will abide by all terms and conditions set forth therein (see [www.rotary.org](http://www.rotary.org) or contact TRF to obtain a copy of the Terms and Conditions).
2. To utilize Blane Community Immunization Grant funds to support a short-term humanitarian project, as outlined in this application, which benefits a community in need. Funds provided by TRF will not be used for any purpose other than those considered eligible by TRF as described in the Terms and Conditions.
3. The sponsors will provide TRF with a final written report, including an itemized accounting of the disbursement of funds, on the project *within two months* of its completion. The sponsors will immediately inform TRF of any significant problems with the implementation of the project or deviations from the project including deviations from the budget, as approved.
4. To defend, indemnify, and hold harmless Rotary International, The Rotary Foundation, their respective directors, trustees, officers, employees, and agents (collectively “RI/TRF”) from any and all claims (including claims of subrogation), demands, actions, damages, losses, judgments, costs, fines, awards, liabilities, or expenses (including without limitation reasonable attorney’s fees and legal expenses) collectively (‘losses’) asserted against or recovered from RI/TRF that result or arise directly or indirectly from the project, including any acts or omissions of the partners.
5. That this Agreement may be cancelled by TRF for any reason without notice upon the failure of the sponsors to abide by the Terms and Conditions set forth in this Agreement. The partners agree to return any grant funds, in their entirety, including any interest earned, should funds be misused or used for ineligible purposes.
6. This agreement is governed by the laws of the state of Illinois, USA. Any action brought in conjunction with this Agreement shall be filed in the County of Cook, State of Illinois, USA. The sponsors agree to submit to the jurisdiction of the Circuit Court of Cook County for the State of Illinois.

NAME

Sponsor Club President (if club-sponsored)     District Grants Subcommittee Chair (if district-sponsored)

TITLE

CLUB

DISTRICT

SIGNATURE

DATE

## 10. DISTRICT GRANTS SUBCOMMITTEE CHAIR CERTIFICATION

The Trustees strongly suggest that the district grants subcommittee chair certify the application as complete. *If the application is not complete or eligible, it will be returned with a brief explanation.*

“On behalf of the committee, I hereby certify that to the best of my knowledge and ability this grant application is complete and meets all TRF guidelines.”

\_\_\_\_\_  
DISTRICT GRANTS SUBCOMMITTEE CHAIR'S SIGNATURE

\_\_\_\_\_  
DISTRICT

## 11. COMPLETION CHECKLIST

Before submitting your Blane Community Immunization Grants Application, please take a minute to review this checklist and make sure it is complete. If you have any questions or concerns, please contact TRF staff (see below).

- Are there written sponsorship confirmations from the club president(s)/district leadership who will be in office during the year of the funding request?
- Does the project meet all Blane Grant criteria? Does the project description clearly state how the project will assist those in need?
- Has the sponsoring Rotary club joined or formed a community coalition to work together to broaden immunization coverage? Is it clearly explained how the coalition will work together with the Rotarians and how they will interact?
- Has the project been approved by the local health department?
- Are there written commitments (or signature on section 9 of the application) from the club president or district grants subcommittee chair? If *SHARE* District Designated Funds (DDF) are used, has the current district Rotary Foundation committee chair provided written confirmation authorizing use of DDF (or signature on section 7 of the application)?
- Is there an itemized budget for the entire project, including all project costs?
- Does the project have significant Rotarian involvement and visible Rotary identification?
- Does the project have two project contacts to provide oversight and management of the grant funds?
- Has the district grants subcommittee chair certified your application as complete (see section 10 of the application)?
- Have you made copies of all documents for your files prior to submitting them to The Rotary Foundation?

**Note:** You will receive a file number when this application is received at RI Headquarters. **This does not indicate that your grant application has been approved.** Signing the Agreement Form section of the application does not imply your grant has been approved. You will receive separate correspondence if TRF approves and accepts your grant request pursuant to this Agreement.

Send this completed application and any attachments to:

Blane Community Immunization  
The Rotary Foundation of Rotary International  
One Rotary Center  
1560 Sherman Avenue  
Evanston, IL 60201-3698  
Telephone: (847) 866-3000  
Fax: (847) 866-9759  
E-mail: [grants@rotaryintl.org](mailto:grants@rotaryintl.org)

